

O.M.B. No. 1660-0006 Expires July 31, 2006
PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

CURRENT POLICY NUMBER	
<input type="checkbox"/> NEW	
<input type="checkbox"/> RENEWAL	FL _____

DIRECT BILL INSTRUCTIONS:		POLICY PERIOD IS FROM _____ TO _____
<input type="checkbox"/> BILL INSURED	<input type="checkbox"/> BILL FIRST MORTGAGEE	12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION
<input type="checkbox"/> BILL SECOND MORTGAGEE	<input type="checkbox"/> BILL LOSS PAYEE	WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY
<input type="checkbox"/> BILL OTHER		INITIAL PURCHASE OF FLOOD INSURANCE RELATED TO:
		<input type="checkbox"/> LOAN— NO WAITING <input type="checkbox"/> MAP REV. (ZONE CHANGE FROM NON-SFHA TO SFHA)— ONE DAY

ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:		NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED:	
AGENCY NO.: _____		INSURED'S SOCIAL SECURITY NUMBER: _____	
AGENT'S TAX ID <input type="text" value="T"/> OR SSN <input type="text" value="S"/> _____			
PHONE NO.: _____ FAX NO.: _____			

IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? ☒ Y YES ☐ N NO IF YES, CHECK THE GOVERNMENT AGENCY: ☐ SBA ☐ FEMA ☐ FHA
ENTER CASE FILE NUMBER OR INSURED'S SOCIAL SECURITY NUMBER _____ ☐ OTHER (SPECIFY): _____

NAME AND ADDRESS OF FIRST MORTGAGEE		IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS	
LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____		<input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> IF OTHER, PLEASE SPECIFY: _____	

IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS?
☐ YES ☐ NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE
 PROPERTY LOCATION (DO NOT USE P.O. BOX).

NAME OF COUNTY/PARISH _____ LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY? ☒ Y YES ☐ N NO
COMMUNITY NO./PANEL NO.AND SUFFIX FOR LOCATION OF PROPERTY INSURED _____ — _____ COMMUNITY PROGRAM TYPE IS:
IS BUILDING IN SPECIAL FLOOD HAZARD AREA? ☒ Y YES ☐ N NO FLOOD INSURANCE RATE MAP ZONE _____ ☒ R REGULAR ☐ E EMERGENCY

BUILDING OCCUPANCY RESIDENTIAL <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)	NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME ON FOUNDATION	RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY. TOTAL NUMBER OF UNITS (INCLUDE NON-RES.) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE	DEDUCTIBLE <input type="checkbox"/> BUILDING \$ _____ <input type="checkbox"/> CONTENTS \$ _____	DESCRIBE BUILDING AND USE IF NOT A 1-4 FAMILY DWELLING. FOR MANUFACTURED (MOBILE) HOMES, COMPLETE PART 2, SECTION III.
BASEMENT OR ENCLOSED AREA BELOW AN ELEVATED BUILDING: <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED <input type="checkbox"/> UNFINISHED		ESTIMATED REPLACEMENT COST IF SINGLE FAMILY PRINCIPAL RESIDENCE, RCBAP, OR ANY V-ZONE BUILDING AMOUNT \$ _____	DEDUCTIBLE BUYBACK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DOES INSURED QUALIFY AS A SMALL BUSINESS RISK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS _____	IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IS BUILDING ELEVATED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING	IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF BUILDING IS ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION. IF YES, AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION	IS INSURED PROPERTY OWNED BY STATE GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

CONTENTS LOCATED IN: ☐ BASEMENT/ENCLOSURE ☐ BASEMENT/ENCLOSURE AND ABOVE ☐ LOWEST FLOOR ONLY ABOVE GROUND LEVEL
☐ LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER ☐ ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR (IF SINGLE FAMILY, CONTENTS ARE RATED
 THROUGHOUT THE BUILDING)

IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? ☒ YES ☐ NO IF NO, PLEASE DESCRIBE: _____

ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS: ☐ BUILDING PERMIT DATE OR ☐ DATE OF CONSTRUCTION ____/____/____ (MM/DD/YY)

☐ SUBSTANTIAL IMPROVEMENT DATE ____/____/____ (MM/DD/YY) ☐ MANUFACTURED (MOBILE) HOMES LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES ____/____/____ (MM/DD/YY)

☐ MANUFACTURED (MOBILE) HOMES LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT ____/____/____ (MM/DD/YY)

IS BUILDING POST-FIRM CONSTRUCTION? ☒ YES ☐ NO BUILDING DIAGRAM NUMBER _____ LOWEST ADJACENT GRADE (LAG) _____
IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, VI-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.
LOWEST FLOOR ELEVATION _____ (-) BASE FLOOD ELEVATION _____ (=) DIFFERENCE TO NEAREST FOOT _____ (+ OR -) IN ZONES V AND VI-V30 ONLY
DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? ☒ YES ☐ NO IS BUILDING FLOOD-PROOFED? ☒ YES ☐ NO
(SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.) ELEVATION CERTIFICATION DATE _____

COVERAGE REQUESTED— CHECK ONE BLOCK: ☐ BUILDING AND CONTENTS ☐ BUILDING ONLY ☐ CONTENTS ONLY

COVERAGE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	BASIC AND ADDITIONAL	TOTAL PREMIUM
	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	PREM. REDUCTION/ INCREASE	TOTAL AMOUNT OF INSURANCE	
BUILDING			.00			.00	.00		.00
CONTENTS			.00			.00	.00		.00
RATE TYPE: (ONE BUILDING PER POLICY— BLANKET COVERAGE NOT PERMITTED) <div><div><input type="checkbox"/> MANUAL <input type="checkbox"/> ALTERNATIVE <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM <input type="checkbox"/> PROVISIONAL RATING</div><div><input type="checkbox"/> SUBMIT FOR RATING <input type="checkbox"/> V-ZONE RISK FACTOR RATING FORM</div></div>						PAYMENT OPTION: <div><input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____</div>		ANNUAL SUBTOTAL	\$
						ICC PREMIUM			
						SUBTOTAL			
						CRS PREMIUM DISCOUNT ____ %			
THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES 2, 3, & 4						SUBTOTAL			
						PROBATION SURCHARGE		+	
						FEDERAL POLICY FEE		+	
						TOTAL PREPAID AMOUNT		\$	
SIGNATURE OF INSURANCE AGENT/BROKER			DATE (MM/DD/YY)			(OVER)			

National Flood Insurance Program

IMPORTANT— PLEASE PRINT OR TYPE

CURRENT POLICY NUMBER

☐ NEW

☐ RENEWAL

FL _____

POLICY TERM

AGENT INFORMATION

DISAS. ASSIST.

FIRST MORTGAGE

PROPERTY LOCATION

COMMUNITY

BUILDING

CONTENTS

CONSTRUCTION DATA

COVERAGE AND RATING

SIGNATURE

DIRECT BILL INSTRUCTIONS:

☐ BILL INSURED ☐ BILL FIRST MORTGAGEE
☐ BILL SECOND MORTGAGEE ☐ BILL LOSS PAYEE
☐ BILL OTHER

POLICY PERIOD IS FROM _____ TO _____
12:01 A.M LOCAL TIME AT THE INSURED PROPERTY LOCATION

WAITING PERIOD: ☐ STANDARD 30-DAY

INITIAL PURCHASE OF FLOOD INSURANCE RELATED TO:
☐ LOAN— NO WAITING ☐ MAP REV. (ZONE CHANGE FROM NON-SFHA TO SFHA)— ONE DAY

ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:

AGENCY NO.: _____
AGENT'S TAX ID ☐ T OR SSN ☐ S _____
PHONE NO.: _____ FAX NO.: _____

NAME, MAILING ADDRESS,AND TELEPHONE NO. OF INSURED:

INSURED'S SOCIAL SECURITY NUMBER: _____

IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE ? ☒ Y YES ☐ N NO IF YES, CHECK THE GOVERNMENT AGENCY: ☐ SBA ☐ FEMA ☐ FHA
ENTER CASE FILE NUMBER OR INSURED'S SOCIAL SECURITY NUMBER _____ ☐ OTHER (SPECIFY): _____

NAME AND ADDRESS OF FIRST MORTGAGEE

LOAN NO.: _____ FAX NO.: _____
PHONE NO.: _____ FAX NO.: _____

IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS?
☒ Y YES ☐ N NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).

IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS

☐ 2ND MORTGAGEE ☐ DISASTER AGENCY
☐ LOSS PAYEE ☐ IF OTHER, PLEASE SPECIFY:

LOAN NO.: _____ FAX NO.: _____
PHONE NO.: _____ FAX NO.: _____

NAME OF COUNTY/PARISH _____ LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY? ☐ Y YES ☒ N NO
COMMUNITY NO./PANEL NO.AND SUFFIX FOR LOCATION OF PROPERTY INSURED _____ — _____
IS BUILDING IN SPECIAL FLOOD HAZARD AREA? ☒ Y YES ☐ N NO FLOOD INSURANCE RATE MAP ZONE _____ COMMUNITY PROGRAM TYPE IS: ☒ R REGULAR ☐ E EMERGENCY

BUILDING OCCUPANCY RESIDENTIAL
☐ SINGLE FAMILY
☐ 2-4 FAMILY
☐ OTHER RESIDENTIAL
☐ NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)

BASEMENT OR ENCLOSED AREA BELOW AN ELEVATED BUILDING:
☐ NONE
☐ FINISHED
☐ UNFINISHED

DOES INSURED QUALIFY AS A SMALL BUSINESS RISK?
☒ Y YES ☐ N NO

NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE

☐ 1 ☐ 2
☐ 3 OR MORE ☐ SPLIT LEVEL
☐ TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY)
☐ MANUFACTURED (MOBILE) HOME ON FOUNDATION

IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS _____

CONDO COVERAGE IS FOR:
☐ UNIT ☐ ENTIRE BUILDING

RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY. TOTAL NUMBER OF UNITS _____ (INCLUDE NON-RES.)
☐ HIGH-RISE ☐ LOW-RISE

ESTIMATED REPLACEMENT COST IF SINGLE FAMILY PRINCIPAL RESIDENCE, RCBAP, OR ANY V-ZONE BUILDING AMOUNT \$ _____

IS BUILDING INSURED'S PRINCIPAL RESIDENCE? ☒ Y YES ☐ N NO

IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? ☒ Y YES ☐ N NO

DEDUCTIBLE

☐ BUILDING \$ _____
☐ CONTENTS \$ _____

DEDUCTIBLE BUYBACK?
☒ Y YES ☐ N NO

IS BUILDING ELEVATED?
☒ Y YES ☐ N NO

IF BUILDING IS ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION.
IF YES, AREA BELOW IS:

☐ FREE OF OBSTRUCTION
☐ WITH OBSTRUCTION

DESCRIBE BUILDING AND USE IF NOT A 1-4 FAMILY DWELLING. FOR MANUFACTURED (MOBILE) HOMES, COMPLETE PART 2, SECTION III.

IS INSURED PROPERTY OWNED BY STATE GOVERNMENT? ☒ Y YES ☐ N NO

CONTENTS LOCATED IN: ☐ BASEMENT/ENCLOSURE ☐ BASEMENT/ENCLOSURE AND ABOVE ☐ LOWEST FLOOR ONLY ABOVE GROUND LEVEL
☐ LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER ☐ ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)

IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? ☒ Y YES ☐ N NO IF NO, PLEASE DESCRIBE: _____

ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS: ☐ BUILDING PERMIT DATE OR ☐ DATE OF CONSTRUCTION ____/____/____ (MM/DD/YY)
☐ SUBSTANTIAL IMPROVEMENT DATE ____/____/____ (MM/DD/YY) ☐ MANUFACTURED (MOBILE) HOMES LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES ____/____/____ (MM/DD/YY)
☐ MANUFACTURED (MOBILE) HOMES LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT ____/____/____ (MM/DD/YY)

IS BUILDING POST-FIRM CONSTRUCTION? ☒ Y YES ☐ N NO BUILDING DIAGRAM NUMBER _____ LOWEST ADJACENT GRADE (LAG) _____
IF POST-FIRM CONSTRUCTION IN ZONES A,A1-A30,AE,AO,AH,V,VI-V30,VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.
LOWEST FLOOR ELEVATION _____ (-) BASE FLOOD ELEVATION _____ (=) DIFFERENCE TO NEAREST FOOT _____ (+ OR -) IN ZONES V AND VI-V30 ONLY
DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? ☒ Y YES ☐ N NO IS BUILDING FLOOD-PROOFED? ☒ Y YES ☐ N NO
(SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.) ELEVATION CERTIFICATION DATE _____

COVERAGE REQUESTED— CHECK ONE BLOCK: ☐ BUILDING AND CONTENTS ☐ BUILDING ONLY ☐ CONTENTS ONLY

COVERAGE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	BASIC AND ADDITIONAL	TOTAL PREMIUM
	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	PREM. REDUCTION/ INCREASE	TOTAL AMOUNT OF INSURANCE	
BUILDING			.00			.00	.00		.00
CONTENTS			.00			.00	.00		.00

RATE TYPE: (ONE BUILDING PER POLICY— BLANKET COVERAGE NOT PERMITTED)

☐ MANUAL ☐ SUBMIT FOR RATING
☐ ALTERNATIVE ☐ V-ZONE RISK FACTOR RATING FORM
☐ MORTGAGE PORTFOLIO PROTECTION PROGRAM
☐ PROVISIONAL RATING

PAYMENT OPTION:

☐ CREDIT CARD
☐ OTHER: _____

ANNUAL SUBTOTAL

ICC PREMIUM

SUBTOTAL

CRS PREMIUM DISCOUNT _____ %

SUBTOTAL

PROBATION SURCHARGE +

FEDERAL POLICY FEE +

TOTAL PREPAID AMOUNT

\$

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES 2, 3, & 4

SIGNATURE OF INSURANCE AGENT/BROKER _____ DATE (MM/DD/YY) _____ (OVER)

National Flood Insurance Program

O.M.B. No. 1660-0006 Expires July 31, 2006
PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

CURRENT POLICY NUMBER

☐ NEW

☐ RENEWAL FL _____

POLICY TERM	DIRECT BILL INSTRUCTIONS:		POLICY PERIOD IS FROM _____ TO _____ 12:01 A.M LOCAL TIME AT THE INSURED PROPERTY LOCATION							
	<input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL SECOND MORTGAGEE <input type="checkbox"/> BILL OTHER	<input type="checkbox"/> BILL FIRST MORTGAGEE <input type="checkbox"/> BILL LOSS PAYEE	WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY INITIAL PURCHASE OF FLOOD INSURANCE RELATED TO: <input type="checkbox"/> LOAN— NO WAITING <input type="checkbox"/> MAP REV. (ZONE CHANGE FROM NON-SFHA TO SFHA)— ONE DAY							
AGENT INFORMATION	ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:		NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED:							
	AGENCY NO.: _____ AGENT'S TAX ID T OR SSN S _____ PHONE NO.: _____ FAX NO.: _____		INSURED'S SOCIAL SECURITY NUMBER: _____							
DISAS. ASSIST.	IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? Y YES N NO IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FHA ENTER CASE FILE NUMBER OR INSURED'S SOCIAL SECURITY NUMBER _____ <input type="checkbox"/> OTHER (SPECIFY): _____									
FIRST MORTGAGE	NAME AND ADDRESS OF FIRST MORTGAGEE LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____		IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> IF OTHER, PLEASE SPECIFY: _____							
	IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? Y YES N NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX). _____		LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____							
PROPERTY LOCATION	NAME OF COUNTY/PARISH _____ LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY? Y YES N NO COMMUNITY NO./PANEL NO. AND SUFFIX FOR LOCATION OF PROPERTY INSURED _____ — _____ COMMUNITY PROGRAM TYPE IS: _____ IS BUILDING IN SPECIAL FLOOD HAZARD AREA? Y YES N NO FLOOD INSURANCE RATE MAP ZONE _____ R REGULAR E EMERGENCY									
BUILDING	BUILDING OCCUPANCY RESIDENTIAL <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)	NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME ON FOUNDATION	RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY. TOTAL NUMBER OF UNITS _____ (INCLUDE NON-RES.) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE ESTIMATED REPLACEMENT COST IF SINGLE FAMILY PRINCIPAL RESIDENCE, RCBAP, OR ANY V-ZONE BUILDING AMOUNT \$ _____	DEDUCTIBLE <input type="checkbox"/> BUILDING \$ _____ <input type="checkbox"/> CONTENTS \$ _____ DEDUCTIBLE BUYBACK? Y YES N NO IS BUILDING ELEVATED? Y YES N NO IF BUILDING IS ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION. IF YES, AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION						
	BASEMENT OR ENCLOSED AREA BELOW AN ELEVATED BUILDING: <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED <input type="checkbox"/> UNFINISHED	IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS _____ CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING	IS BUILDING INSURED'S PRINCIPAL RESIDENCE? Y YES N NO IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? Y YES N NO	DESCRIBE BUILDING AND USE IF NOT A 1-4 FAMILY DWELLING. FOR MANUFACTURED (MOBILE) HOMES, COMPLETE PART 2, SECTION III. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ IS INSURED PROPERTY OWNED BY STATE GOVERNMENT? Y YES N NO						
CONTENTS	DOES INSURED QUALIFY AS A SMALL BUSINESS RISK? Y YES N NO									
	CONTENTS LOCATED IN: <input type="checkbox"/> BASEMENT/ENCLOSURE <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING) IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? Y YES N NO IF NO, PLEASE DESCRIBE: _____									
CONSTRUCTION DATA	ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS: <input type="checkbox"/> BUILDING PERMIT DATE OR <input type="checkbox"/> DATE OF CONSTRUCTION ____/____/____ (MM/DD/YY) <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE ____/____/____ (MM/DD/YY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES ____/____/____ (MM/DD/YY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT ____/____/____ (MM/DD/YY)									
	IS BUILDING POST-FIRM CONSTRUCTION? Y YES N NO BUILDING DIAGRAM NUMBER _____ LOWEST ADJACENT GRADE (LAG) _____ IF POST-FIRM CONSTRUCTION IN ZONES A, AI-A30, AE, AO, AH, V, VI-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION. LOWEST FLOOR ELEVATION _____ (-) BASE FLOOD ELEVATION _____ (=) DIFFERENCE TO NEAREST FOOT _____ (+ OR -) IN ZONES V AND VI-V30 ONLY DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? Y YES N NO IS BUILDING FLOOD-PROOFED? Y YES N NO (SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.) ELEVATION CERTIFICATION DATE _____									
COVERAGE AND RATING	COVERAGE REQUESTED— CHECK ONE BLOCK: <input type="checkbox"/> BUILDING AND CONTENTS <input type="checkbox"/> BUILDING ONLY <input type="checkbox"/> CONTENTS ONLY									
SIGNATURE	COVERAGE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	BASIC AND ADDITIONAL	TOTAL PREMIUM
		AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	PREM. REDUCTION/INCREASE	TOTAL AMOUNT OF INSURANCE	
	BUILDING			.00			.00	.00		.00
	CONTENTS			.00			.00	.00		.00
	RATE TYPE: (ONE BUILDING PER POLICY— BLANKET COVERAGE NOT PERMITTED) <input type="checkbox"/> MANUAL <input type="checkbox"/> SUBMIT FOR RATING <input type="checkbox"/> ALTERNATIVE <input type="checkbox"/> V-ZONE RISK FACTOR RATING FORM <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM <input type="checkbox"/> PROVISIONAL RATING						PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____	ANNUAL SUBTOTAL		\$
							ICC PREMIUM			
							SUBTOTAL			
							CRS PREMIUM DISCOUNT ____ %			
THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES 2, 3, & 4						SUBTOTAL				
						PROBATION SURCHARGE +				
						FEDERAL POLICY FEE +				
						TOTAL PREPAID AMOUNT		\$		
SIGNATURE OF INSURANCE AGENT/BROKER		DATE (MM/DD/YY)		(OVER)						

National Flood Insurance Program

IMPORTANT— PLEASE PRINT OR TYPE

CURRENT POLICY NUMBER	
<input type="checkbox"/> NEW	
<input type="checkbox"/> RENEWAL	FL _____

FEMA Form 81-16, JUL 03 PLEASE ATTACH TO NFIP COPY OF APPLICATION THE CHECK OR MONEY ORDER FOR THE TOTAL PREPAID PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM **F-050 (1/04)**

IMPORTANT — COMPLETE PART 1 AND, IF REQUIRED, PART 2 (ON LAST PAGE) BEFORE SENDING APPLICATION TO THE NFIP. — IMPORTANT

ALL APPROPRIATE DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFICATE SHOULD BE REVIEWED AND TRANSCRIBED BELOW. THIS PART OF THE APPLICATION MUST BE COMPLETED FOR THE FOLLOWING BUILDING TYPES:

1. Post-FIRM construction located in Zones A, AI-A30, AE, AH, AO, V, VI-V30, and VE.
2. Pre-FIRM construction located in Zones A, AI-A30, AE, AH, AO, V, VI-V30, and VE when using optional Post-FIRM rating.

1	NEW	CURRENT POLICY NUMBER												
2	RENEWAL	FL <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> IF NEW, LEAVE BLANK												

SECTION I—ALL BUILDING TYPES

1. Diagram number selected from Building Diagrams 1-8:
2. The lowest floor is (round to nearest foot):
 feet above below (check one) the lowest ground (grade) immediately next to the building.
3. The garage floor (if applicable) or elevated floor (if applicable) is (round to nearest foot):
 feet above below (check one) the lowest ground (grade) immediately next to the building.
4. Machinery or equipment located at a level lower than the lowest floor is (round to nearest foot):
 feet below the lowest floor.
5. Site location
- a) Approximate distance of site location to nearest shoreline:
- | | |
|---|--|
| <input type="text"/> 1 Less than 200 feet | <input type="text"/> 3 500 to 1000 feet |
| <input type="text"/> 2 200 to 500 feet | <input type="text"/> 4 More than 1000 feet |
- b) Source of flooding:
- | | |
|------------------------------|-------------------------------------|
| <input type="text"/> 1 Ocean | <input type="text"/> 3 River/stream |
| <input type="text"/> 2 Lake | <input type="text"/> 4 Other: _____ |
6. Basement/Subgrade Crawl Space
- a) Is the basement/subgrade crawl space floor below grade on all sides?
 Y Yes N No
- b) Does the basement/subgrade crawl space contain machinery or equipment? Y Yes N No

If yes, check the appropriate items:

- | | | | | | |
|---|---|---|----------------|----|-----------------|
| 1 | Furnace | 5 | Heat pump | 8 | Air conditioner |
| 2 | Hot water heater | 6 | Fuel tank | 9 | Cistern |
| 3 | Elevator equipment | 7 | Washer & dryer | 10 | Food freezer |
| 4 | Other equipment or machinery servicing the building | | | | |

- ## 7. Garage

- a) Is the garage attached to or part of the building?
☐ Y Yes ☐ N No
- b) Total area of the garage: _____ square feet.
- c) Are there any openings (excluding doors) that are designed to allow the passage of flood waters through the garage?
☐ Y Yes ☐ N No

If yes, number of permanent openings (flood vents) within 1 foot above the adjacent grade: _____. Total area of all permanent openings (flood vents): _____ square inches.

- d) Is the garage used solely for parking of vehicles, building access, and/or storage?

- e) Does the garage contain machinery or equipment?
☐ Y Yes ☐ N No

If yes, check the appropriate items:

- | | | | | | |
|---|---|---|----------------|----|-----------------|
| 1 | Furnace | 5 | Heat pump | 8 | Air conditioner |
| 2 | Hot water heater | 6 | Fuel tank | 9 | Cistern |
| 3 | Elevator equipment | 7 | Washer & dryer | 10 | Food freezer |
| 4 | Other equipment or machinery servicing the building | | | | |

SECTION II—ELEVATED BUILDINGS

(Including Manufactured [Mobile] Homes / Travel Trailers)

8. Elevating foundation of the building:
- | | |
|----------------------------|---|
| <input type="checkbox"/> 1 | Piers, posts, or piles |
| <input type="checkbox"/> 2 | Reinforced masonry piers or concrete piers or columns |
| <input type="checkbox"/> 3 | Reinforced concrete shear walls |
| <input type="checkbox"/> 4 | Solid perimeter walls |
- (Note: This is not an approved method for elevating in Zones VI-V30, VE, or V.)
9. Does the area below the elevated floor contain machinery or equipment?
- ☐ Y Yes ☐ N No
- If yes, check the appropriate items:
- | | | | | | |
|----------------------------|---|----------------------------|----------------|-----------------------------|-----------------|
| <input type="checkbox"/> 1 | Furnace | <input type="checkbox"/> 5 | Heat pump | <input type="checkbox"/> 8 | Air conditioner |
| <input type="checkbox"/> 2 | Hot water heater | <input type="checkbox"/> 6 | Fuel tank | <input type="checkbox"/> 9 | Cistern |
| <input type="checkbox"/> 3 | Elevator equipment | <input type="checkbox"/> 7 | Washer & dryer | <input type="checkbox"/> 10 | Food freezer |
| <input type="checkbox"/> 4 | Other equipment or machinery servicing the building | | | | |

- c) Is the area below the elevated floor enclosed using materials **other than** insect screening or light wood lattice?
- ☐ Y Yes ☐ N No

If yes, check one of the following:

- | | |
|---|------------------------|
| 1 | Breakaway walls |
| 2 | Solid wood frame walls |
| 3 | Masonry walls |
| 4 | Other: _____ |

- d) Is the enclosed area/crawl space constructed with openings (excluding doors) to allow the passage of flood waters through the enclosed area? ☐ Y Yes ☐ N No

If yes, number of permanent openings (flood vents) within 1 ft. above adjacent grade ____ Total Area of all permanent openings (flood vents) _____ sq. in.

- e) Is the enclosed area/crawl space used for any purpose **other than** solely for parking of vehicles, building access, or storage?
☐ Y Yes ☐ N No

If yes, describe: _____

- f) Does the enclosed area/crawl space have **more than 20** linear feet of finished wall, paneling, etc?
☐ Y Yes ☐ N No

SECTION III—MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS

11. Manufactured (Mobile) Home Data:
- Make:
- Year of manufacture:
- Model number:
- Serial number:
12. Manufactured (mobile) home dimensions: x feet.
13. Are there any permanent additions or extensions to the manufactured (mobile) home?
- ☐ Yes ☐ No
- If yes, the dimensions are: x feet.

14. The manufactured (mobile) home's anchoring system utilizes:

- | | | | |
|---|-------------------|---|----------------|
| 1 | Over-the-top ties | 4 | Ground anchors |
| 2 | Frame ties | 5 | Slab anchors |
| 3 | Frame connectors | 6 | Other: _____ |

- 15.The manufactured (mobile) home was installed in accordance with:

- 1 Manufacturer's specifications
- 2 Local floodplain management standards
- 3 State and/or local building standards

16. Is the manufactured (mobile) home located in a manufactured (mobile) home park/subdivision?
- ☐ Y Yes ☐ N No

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

DATE
(MM/DD/YY)

**FLOOD INSURANCE
FLOOD INSURANCE APPLICATION
FEMA FORM 81-16**

NONDISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flooding event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Solicitation of your Social Security Number (SSN) is authorized under Executive Order 9397. Providing the SSN, as well as the other information, is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(B)

Solicitation of the Social Security Number (SSN) is authorized under provisions of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide for your precise identification.

GENERAL

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended), dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

AUTHORITY

Public Law 96-511, amended, 44 U.S.G. 3507; and 5 CFR 1320.

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